



MEDI-CAL UPDATE

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www.medi-cal.ca.gov

Pharmacy Bulletin 623

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Medi-Cal List of Contract Drugs

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs*, *Drugs: Contract Drugs List Part 4 – Therapeutic Classifications* and *Drugs: Contract Drugs List Part 7 – Preferred Prior Authorization Drug List*.

Addition, effective December 20, 2005

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
‡ <u>SORAFENIB</u>		
<u>Tablets</u>	<u>200 mg</u>	<u>ea</u>

Addition, effective February 1, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* <u>ETANERCEPT</u>		
<u>Injection kit</u>	<u>25 mg</u>	<u>ea</u>
<u>Injection, prefilled syringe</u>	<u>50 mg/0.98 cc</u>	<u>cc</u>
* <u>Preferred prior authorization injectable biologic response modifier for the treatment of rheumatoid arthritis.</u>		

Changes, effective February 1, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* <u>CARVEDILOL</u>		
<u>Tablets</u>	3.125 mg	ea
	6.25 mg	ea
	12.5 mg	ea
	25 mg	ea
* Restricted to use for the treatment of mild to severe heart failure.		
<u>(Labeler Code 00007 [GlaxoSmithKline Group of Companies] only.)</u>		

Please see **Contract Drugs**, page 3

EDS/MEDI-CAL HOTLINES

Border Providers..... (916) 636-1200
CDHS Medi-Cal Fraud Hotline 1-800-822-6222
Telephone Service Center (TSC)..... 1-800-541-5555
Provider Telecommunications Network (PTN) 1-800-786-4346

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For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.



OPT OUT is a new service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply “opt-out” of receiving this same information on paper, through standard mail. To download the OPT-OUT enrollment form or for more information, go to the Medi-Cal Web site at www.medi-cal.ca.gov, and click the “Learn how...” OPT OUT link on the right side of the home page.

Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the California Department of Health Services Web site at <http://www.dhs.ca.gov>.

MEDI-CAL FRAUD IS AGAINST THE LAW

MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS
EACH YEAR AND CAN ENDANGER
THE HEALTH OF CALIFORNIANS.

HELP PROTECT MEDI-CAL AND YOURSELF
BY REPORTING YOUR OBSERVATIONS TODAY.

CDHS MEDI-CAL FRAUD HOTLINE
1-800-822-6222

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Contract Drugs *(continued)***Changes, effective February 1, 2006 (continued)**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
‡ MEGESTROL ACETATE		
Tablets	20 mg	ea
	40 mg	ea
Suspension	40 mg/cc	cc
	* 125 mg/cc	cc
* Restricted to treatment of anorexia, cachexia, or an unexplained, significant weight loss in patients with a diagnosis of acquired immunodeficiency syndrome (AIDS).		
PIOGLITAZONE HCL		
Tablets	15 mg	ea
	30 mg	ea
	45 mg	ea
<u>(Labeler Code 64764 [Takeda Pharmaceuticals Company Limited] only.)</u>		
* RIVASTIGMINE TARTRATE		
Capsules	1.5 mg	ea
	3.0 mg	ea
	4.5 mg	ea
	6.0 mg	ea
Solution, oral	2 mg/cc	cc
* Restricted to treatment of mild to moderate dementia of the Alzheimer's type.		
<u>(Labeler Code 00078 [Novartis Pharmaceuticals Corporation] only.)</u>		
ROSIGLITAZONE MALEATE		
+ Tablets	2 mg	ea
	4 mg	ea
	8 mg	ea
<u>(Labeler Code 00029 [GlaxoSmithKline] only.)</u>		
SERTRALINE HCL		
Concentrate	20 mg/cc	cc
Tablets	25 mg	ea
	50 mg	ea
	100 mg	ea
<u>(Labeler Code 00049 [Roerig Division of Pfizer] only.)</u>		

+ Frequency of billing requirement

Please see Contract Drugs, page 4

Contract Drugs (*continued*)

Change, effective March 1, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* RIBAVIRIN		
+ Capsules	200 mg	ea
+ Tablets	200 mg	ea
<u>(Labeler Code 00004 [Roche Laboratories Inc] for tablets only.)</u>		
* Restricted to use as combination therapy in the treatment of Hepatitis C. Also restricted to therapy lasting up to 48 weeks from the dispensing date of the first prescription.		

Changes, effective April 1, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* CELECOXIB		
Capsules	100 mg	ea
	200 mg	ea
* Restricted to use for arthritis. <u>Prior authorization always required.</u>		
Note: Subject to Step Therapy edits. See Drugs: Contract Drugs List Part 8 – Step Therapy for more information.		
* CICLOPIROX		
Cream	0.77%	15 Gm Gm
		30 Gm Gm
		90 Gm Gm
Gel	0.77%	30 Gm Gm
		45 Gm Gm
Topical suspension	0.77%	30 cc cc
		60 cc cc
* <u>Prior authorization always required.</u>		
(NDC labeler code 99207 [Medicis Dermatologics Inc.] for the gel and topical suspension only.)		
* OXICONAZOLE NITRATE		
Cream	1%	15 Gm Gm
		30 Gm Gm
		60 Gm Gm
Lotion	1%	30 cc cc
* <u>Prior authorization always required.</u>		

+ Frequency of billing requirement

This update is reflected on manual replacement pages drugs cdl p1a 22, 24 and 27 (Part 2), drugs cdl p1b 44 (Part 2), drugs cdl p1c 12, 22, 34, 36 and 37 (Part 2), drugs cdl p1d 2 and 4 (Part 2) and drugs cdl p7 1 (Part 2).

Medical Supplies Updates

Effective for dates of service on or after February 1, 2006, Apogee Medical, LLC is a contracted manufacturer of the following medical supplies:

<u>Billing Code</u>	<u>Description</u>
9993N	Other intermittent catheters not specifically listed – Specify manufacturer catalog number and item supplied
9999A	Unlisted medical supplies (prior authorization required)

Quantities are limited to a cumulative total of no more than 150 catheters in a 30-day period, per recipient, without prior authorization. Quantities exceeding this limitation require prior authorization.

Incontinence Medical Supplies Corrections

Effective for dates of service on or after February 1, 2006, the billing code for the Presto regular size adult briefs product is 9907K 2P.

Also, effective for dates of service on or after February 1, 2006, the brand name description, size or billing code for the following SCA Personal Care, Inc.-manufactured adult briefs has been corrected. The same quantity restrictions apply as for all adult briefs incontinence supplies.

	<u>Manufacturer Stock Number</u>	<u>Medi-Cal Billing Code</u>
Medium		
TENA® Classic Plus	67713	9997W 2H
TENA® Classic Plus	68115	9997W 2H
Large		
Dry Comfort Extra™	68118	9997Y 2H

The updated information is reflected on manual replacement pages incont lst 11, 13, 15 and 17 (Part 2).

Authorized Drug Manufacturer Labeler Codes Update

The *Drugs: Contract Drugs List Part 5 – Authorized Drug Manufacturer Labeler Codes* section has been updated as follows.

Addition, effective October 1, 2005

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
15704	HAMPTON-LAINE, LLC

Additions, effective January 1, 2006

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
10454	SOLSTICE NEUROSCIENCES, INC.
10914	BRIGHTON PHARMACEUTICALS, INC.
11042	ADVANCIS PHARMACEUTICAL

Please see **Labeler Codes**, page 6

Labeler Codes *(continued)***Additions, effective January 1, 2006 (continued)**

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
12162	MONTE SANO PHARMACEUTICALS, INC.
13310	AR SCIENTIFIC, INC.
13478	BARRIER THERAPEUTICS
13551	FSC LABORATORIES, INC.
13863	FORUM PRODUCTS, INC.
15020	GSP COMPANY
15310	CREEKWOOD PHARMACEUTICAL, INC.
67108	BAXTER HEALTHCARE CORPORATION
68734	CRITICAL THERAPEUTICS

Addition, effective April 1, 2006

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
14629	AURIGA PHARMACEUTICALS, LLC

Reinstated, effective January 1, 2006

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
64108	OPTICS LABORATORY, INC.

Terminations, effective January 1, 2006

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
00070	AVENTIS PHARMACEUTICALS
60999	ABG LABORATORIES, INC.

These updates are reflected on manual replacement pages drugs cdl p5 2, 6, 11 and 13 thru 15 (Part 2).

Enteral Formula Benefit Clarification

Providers are reminded that Medi-Cal currently excludes the reimbursement of enteral nutrition supplements or replacements, except when used as a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food. In such cases, prior authorization is required.

Providers are also reminded that infant formula is not a Medi-Cal benefit, because it is defined in the *Federal Food, Drug, and Cosmetic Act* (21USC350a) to meet normal needs of healthy infants, and is therefore considered regular food. Medi-Cal has currently improved controls via the electronic payment system to prevent payment for regular food, although prior authorization exceptions exist in both Medi-Cal and California Children's Services (CCS) programs.

Effective for dates of services on or after June 1, 2006, all regular infant formula will be blocked for payment. Billing instructions for claims that may be eligible for reimbursement can be found in the *Pharmacy Claim Form (30-1): Special Billing Instructions* section in the *Pharmacy* provider manual. If the instructions do not apply, a one-time Erroneous Payment Correction (EPC) is sent to providers under the following circumstances:

1. **Eligible providers:** Providers who submit batch claims using erroneously approved *Treatment Authorization Requests* (TARs) or CCS authorizations for regular infant formula, with effective dates inclusive of June 1, 2006, and who have dispensed regular infant formula once in good faith. Eligible providers will receive a letter from the California Department of Health Services (CDHS) notifying them of the EPC.

*Please see **Enteral Formula**, page 7*

Enteral Formula (*continued*)

2. **Eligible timeframes:** Erroneously approved TAR or CCS authorization end dates inclusive of June 1, 2006, depending on the date that payment was blocked for the product.
3. **Eligible recipients:** Recipients who received erroneously approved regular infant formula products prior to June 1, 2006, will receive an EPC.
4. **Eligible claims:** Batch claims submitted on or after June 1, 2006 for affected products dispensed in error on or after June 1, 2006, based on an approved TAR or CCS authorization.
5. **Payment process:** Eligible batch claims will not be paid via provider appeal or re-submitted claim, but will be identified by CDHS internally. CDHS will initiate and process an EPC.

Following the one-time EPC, if a recipient is subsequently denied dispensing of the same product for the same medical condition after June 1, 2006, and receives a formal TAR office denial, CDHS will send a Medi-Cal Frank v. Kizer letter or *CCS Notice of Action* informing the recipient of the right to a fair hearing. Providers can be reimbursed for enteral nutrition products that are otherwise Medi-Cal non-benefits if the recipient is eligible for “aid paid pending” or received a positive fair hearing decision.

Refer to the *Pharmacy Claim Form (30-1): Special Billing Instructions* section in the *Pharmacy* provider manual for more information.

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Remove and replace:

drugs cdl p1a 21 thru 24, 27/28
drugs cdl p1b 17/18, 43/44
drugs cdl p1c 11/12, 21/22, 33 thru 37
drugs cdl p1d 1 thru 4, 19/20
drugs cdl p4 7 thru 10
drugs cdl p5 1/2, 5 thru 8, 11 thru 15
drugs cdl p7 1
incont lst 7 thru 18